



# Primary and Secondary Education Retirement Payment Transmittal

State Form 26716 (R9 / 2-02)  
Approved by the State Board of Accounts 2002

Indiana State Teachers' Retirement Fund  
150 West Market St., Suite 300  
Indianapolis, IN 46204-2809  
Telephone: (317) 232-3860 / (888) 286-3544  
Fax #: (317) 232-3882  
Home page: [www.in.gov/trf](http://www.in.gov/trf)

## INSTRUCTIONS

1. Complete requested information
2. Sign and date the report
3. Attach your payment to the report
4. Use the reverse side to list checks
5. Forward your report and payment to the Fund by the due date

*Reporting units are ineligible to receive any distribution of money from the State of Indiana if this report and the retirement payment are not received by the due date.*

Name of Unit		Account Number	
Period covered:			
SCHOOL YEAR:		QUARTER:	
July 1, _____ to June 30, _____		<input type="checkbox"/> 1 <sup>st</sup> July 1 / Sept. 30 – Payment Due October 15 <sup>th</sup> <input type="checkbox"/> 2 <sup>nd</sup> Oct 1 / Dec 31 – Payment Due January 15 <sup>th</sup> <input type="checkbox"/> 3 <sup>rd</sup> Jan 1 / Mar 31 – Payment Due April 15 <sup>th</sup> <input type="checkbox"/> 4 <sup>th</sup> Apr 1 / Jun 30 – Payment Due July 15 <sup>th</sup>	
<b>RETIREMENT PAYMENT</b>			
	<b>P-31 TOTALS</b>	<b>PAYMENT</b>	<b>DIFFERENCE</b> (Please Explain)
TOTAL WAGES	_____		
MANDATORY POST-TAX CONTRIBUTIONS @ 3% (EMPLOYEE CONTRIBUTIONS)	_____		
MANDATORY PRE-TAX CONTRIBUTIONS @ 3% (FMPI OYFR PICK-UP)	_____		
TOTAL MANDATORY CONTRIBUTIONS	_____	_____	_____
EMPLOYEE VOLUNTARY POST-TAX CONT.	_____		
EMPLOYEE VOLUNTARY PRE-TAX CONT.	_____		
TOTAL VOLUNTARY CONTRIBUTIONS	_____	_____	_____
EMPLOYER SHARE (ERP) @ 7.0%	_____	_____	_____
FSP WAGES	_____		
FSP CONTRIBUTIONS @ 7.0%	_____	_____	_____
TOTAL TEACHERS	_____		
TOTAL SERVICE DAYS	_____		
I hereby certify that the quarterly gross salary, annuity account contribution, and retirement funding are correct for the teachers and administrators who are eligible for membership and service credit in the Indiana State Teachers' Retirement Fund.			
Signature of School Corporation Treasurer or Township Trustee		Date Signed	
Contact Person	Telephone Number	Fax Number	

**NOTE: If you have any changes of address or key personnel to report, please attach the appropriate changes.**